

1. How do the staffing ratios and staffing mix compare to that of the other two Level 1 units in the system?

# Beds	25	14	6	8
Staffing Pattern	VPCH	BR	RRMC	GMPCC
RN	6.5	3	2	2.31
Mental Health Specialist	17.9	6	3	7.5

Staff to Patient Ratio	VPCH	BR	RRMC	GMPCC
RN to Patient	1 : 3.8	1 : 4.7	1 : 3.0	1 : 3.5
Mental Health Specialist to Patient	1 : 1.4	1 : 2.3	1 : 2	1 : 1.1

- Does DMH find these to be appropriate staffing for these Level 1 facilities?
The staffing levels appear to be appropriate for the units and programs at the Level 1 facilities.
 - How do they compare VPCH to the proposed ratios and mix?
VPCH has a higher staff to patient ratio then the other two Level 1 facilities.
 - What is rationale for nursing ratio?
VPCH has a slightly lower ratio of nurses to mental health workers than the other two Level 1 facilities. The facility design requires adequate staffing for the environment of care. Non-nursing personnel meet this need.
 - Has DMH gathered any examples of models of acute patient care units in the range of 14-18 beds to compare with?
DMH reached out to the Executive Director of the National State Mental Health Commissioners / Directors and State Psychiatric Hospital CEO's, for comparable hospitals. We were directed to speak to Kevin Anne Huckshorn the Commissioner of Delaware's Department of Mental Health who is an acknowledged national "expert" on the subject. We did have multiple subsequent conversations with Dr. Huckshorn; and she reviewed the building design and staffing model. Based on this review, she is willing to provide comments that support the current staffing plan. One other state was recommended and contacted and has not provided additional information at this time.
 - Why is VPCH showing what is labeled a higher institutional model of care?
We disagree with that labeling of this staffing plan. The proposed staffing addresses a high acuity inpatient treatment environment with the inherent environment of care patient monitoring and safety needs.
2. Backup staff capacities/economies of scale.

- Total number of psychiatric unit staff available on 3-11 shift at RPMC for backup capacity as part of its 25-bed psychiatric care service.
We do not have this information.
 - Number of security staff during 3-11 shift that the RPMC unit can call upon.
We do not have this information.
3. Was the VPCH designed to accommodate self-contained sub-units as small as four and five beds that can be combined as a 9-bed unit when the “ALSA” capability is not needed?
 - *The 9 bed unit will be staffed and utilized for those patients who are most acute psychiatrically and who would benefit from being in a smaller, less stimulating care environment. Given the high acuity of patients coming into the hospital, this configuration plan best affords meeting individual needs.*
 4. Given the unit designs for open supervision of all areas, please restate or clarify the impact of dining areas on staffing needs?
 - *The open concept dining areas require a minimum of two staff to support kitchenette use and supervision of the 4 distinct areas when in use. This need co-exists with staff breaks, staff involved in patient/unit checks, help desk responsibilities, and other on unit work responsibilities of nursing and mental health specialists.*
 5. In extended planning discussions for a state of the art hospital design, an emphasis was on an environmental design that enhanced safety and thereby for staffing efficiencies. For example, the creation of multiple quiet rooms, a sensory room, exercise and outdoor space and an open-flow ability to travel freely around the “corridor loop”, along with small clusters of bedrooms, was specifically intended to allow for easy separation of persons who were triggering to others. What is rationale for thinking these features will not be successful in significantly reducing violence, and significantly reducing the need for 1:1 and 2:1 staffing?

The facility design was focused on creating as positive a patient experience as possible, recognizing that the majority of admissions would be initially involuntary in nature. In addition, the environment of care requirements for inpatient treatment were followed by the architects engaged in the building design. Staffing efficiencies were not a driver in the stakeholder planning groups. Staffing is influenced by the provision for patient movement given the emphasis on safety in building design, open concept, access to green space, and options for individual patient space and "sanctuary". There are multiple environmental options available to patients to help with relaxation and de-escalation. This diverse environmental flexibility and additional square footage requires staff who can both focus on recovery and a safe environmental of care for all.
 6. FAHC psychiatric contract
 - Include having a psychiatrist physically present on the premises at all times?
The proposed services contract includes having psychiatry coverage at all times.
 - Has the contract been signed?
It is in the signing process now.
 - Projected recruitment date?
The timeframe for services is July 1st for most services. A provision for earlier involvement of psychiatry leadership can begin upon contract completion.
 - Updated estimate, if any, provided by FAHC about the anticipated time frame for recruitment?
Formal recruitment will begin at contract completion.
 7. Position and/or base pay grade upgrades from positions that existed at VSH

- Which positions have changed?
The following positions have been changed.
The Food Services Supervisor job description was reclassified as a Supervising Chef requiring additional educational and culinary experience requirements; and a higher pay grade resulted.
The title of the position(s) of psychiatric technician was also changed to mental health specialist, which affects three different job titles, mental health specialists, associate mental health specialists and senior mental health specialists. In addition the qualifications for the mental health specialists has changed, from a position that required high school diploma and 1 year experience to requiring either a BA, an associated degree plus one year experience or a high school diploma plus 3 years work experience including 1 year in human services. The Senior Mental Health Specialist was reclassified, resulting in a one pay grade increase.
- What is the annualized salary difference for any changes?
An annualized impact calculation will depend on the hiring step for any new, recently upgraded position and the step increase for each employee in an upgraded position. More time would be needed to reliability report a change amount.
- Justification for upgrades?
The Food Services Supervisor change to Supervising Chef allows recruitment of individuals with broader food services experience and familiarity with healthier, high quality food service planning. The Senior Mental Health Workers serve as models in the care environment for direct care staff and are assuming more responsibilities in patient care.
- Have entry level qualifications changed?
Yes these positions were changed to upgrade the education of newly hired staff. We did not, however, make a BA degree mandatory given the number of positions under recruitment and the opening time line of the hospital.
- Were the qualifications, responsibilities, and salary levels for these positions compared to equivalent positions at the other two Level 1 units? How do they compare?
Request for Reviews of existing positions were initiated and submitted to classification for pay grade determinations per the Human Resources Department requirements for state employees. Comparison data is not immediately available with facilities operating under different requirements.

8. Administrative Positions

- What hospital administrative structures were reviewed to identify the number of positions required?
All positions at the hospital were reviewed for need considering Joint Commission standards and CMS conditions of participation, including administrative.
- Were other freestanding non-psychiatric hospitals of similar inpatient bed size in Vermont compared?
We did not do a comparison with freestanding non-psychiatric hospitals of similar inpatient size. Even as a small psychiatric hospital, all of the medical hospital standards, as well as, psychiatric standards must be met.
- Are there staffing efficiencies being planned by use of shared staff for the care management system and utilization team at DMH?
The hospital requires dedicated staffing for this function at opening. Potential staff efficiencies will be evaluated.